	GN FINANCE RE			
LOCAL CO	MMITTEES OF W	ISCONSIN	g skolil	
Is This Report an Amendment:	☑ No	· · · · · · · · · · · · · · · · · · ·	1/2	,
Instructions for completing schedules are on the	back of each schedule	2.		
COMMITTEE IDENTIFICATION			_	
Name of Committee FRIENDS OF Jahn KARDL Street Address				FFICE USE ONLY
719 5 92 57			<u> </u>	THEE ODE ONE
City, State and Zip Code WEST ALLIS W. 53214				
Please check if address is different than previously reported	, and complete the Campa	nign Registration Sta	tement in the	back of this form.
NAME OF REPORT				
January Continuing ☑ Pre-Primary July Continuing ☐ Pre-Election	Spring	☐ Fall ☐	Special	☐ Termination Report also complete Schedule 4
SUMMARY OF RECEIPTS AND DISBURSEMENTS	Column A	Cale	ımn B endar Fo-Date	
1. RECEIPTS		1641-	10-Date	4
1A. Contributions (Including Loans) from Individuals	\$ 850.0	2 8 8Z	1 a. b	
1B. Contributions from Committees (Transfers-In)	\$ 0	\$ 0		
1C. Other Income and Commercial Loans	s <i>O</i>	\$ 0		_
TOTAL RECEIPTS (Add totals from 1A, 1B and 1C)	\$ 850.00	s 85a	00.0	
2. DISBURSEMENTS				1
2A. Gross Expenditures	\$ 10:00	\$ 18.	96	
2B. Contributions to Committees (Transfers-Out)	\$ 0	\$ @	1	_
TOTAL DISBURSEMENTS (Add totals from 2A and 2B)	\$ 10.00	\$ 10.5	00	
CASH SUMMARY				
Cash Balance Beginning of Report	\$ 0			
Total Receipts	\$ 820'0 6			
Subtotal	\$ 850,00			
Total Disbursements	\$ 10.00			
CASH BALANCE END OF REPORT	\$ 848.00	2		
INCURRED OBLIGATIONS (Balance at the Close of This Period-3A)	s 🔿			
LOANS (Balance at the Close of This Period-3B)	\$ 800.0	ıb		
I certify that I have examined this report and to the best	of my knowledge and b	elief it is true, corre	ct and comp	lete.
Type or Print Name of Candidate or Treasurer	Signature of Candidate or Tr	easurer	Date:	,

Type or Print Name of Candidate or Treasurer

Signature of Candidate or Treasurer

Signature of Candidate or Treasurer

Date:

| VIVIEWNE KARD | Daytime Phone:

NOTE: The information on this form is required by ss. 11.0204, 11.0304, 11.0404, 11.0504, 11.0604, 11.0804, 11.0904, Wis. Stats. Failure to provide the information may subject you to the penalties of ss.11.1400, 11.1401, Wis. Stats.



RECEIPTS Contributions (Including Loans) From Individuals

Page ____ of ___

Complete Committee Name
「いきいうちょう」 「カードリー・「これ」 「大人でも」

Instructions for completing schedules are on the back of each schedule.

Date Full Name, Mailing Address and Zip Code : Occupation (if year-to-day)

Date	Of Contributor	Compation (ii year-to-date total exceeds 9200)	Contribution	Total
1212.19	JOHN KAROL 71999255 DEST ALUS DI 53214	RETIRED	00.008	850.00
	Check if: Lin-Kind Loan Conduit – Ethics ID#			
12-13-19	BTILD S AVIAN WAY	Retired	60.00	00.02
	FRANKLIN WI 53132			
	Check if: Li In-Kind Li Loan Conduit - Ethics ID#			
	Check if: I In-Kind L Loan Conduit – Ethics ID#			
	Check if: In-Kind I Loan Conduit – Ethics ID#			
	Check if: [Li] In-Mind [Li] Loan[Li] Conduit - Etnics ID#			
	Check if:			
		1 1 1 1		
	Check if: I In-Kind I Loan Conduit – Ethics ID#			
	Check if: Un-Kind Loan Conduit - Ethics ID#		.	
	SUBTOTAL	ITEMIZED CONTRIBUTIONS THIS PAGE	s 350.20	850.00
		TOTAL ITEMIZED CONTRIBUTIONS	s 850.00	350.00
		NYMOUS CONTRIBUTIONS \$10 OR LESS SUITIONS RECEIVED FROM INDIVIDUALS	2 820'02	850.00
	TO ME GUIVENIE		11 11 -1 20 02	



RECEIPTS Contributions from Committees (Transfers-In)

Page	 of_	

Complete Committee Nam	ne	,	•	
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1-01000C	$\sigma \nu$	1118-01.	1,00 ~ 1	
I ILIENUS	715	71,50 1.8 M	1 /741 C/7 (""	

Instructions for completing schedules are on the back of each schedule.

Date	Full Name of Committee, Mailing Address and Zip Code	Amount of Contribution
	Check if. L In-Kind L Loan	
	Check if: ☐ In-Kind ☐ Loan	
	Check if: Li In-Kind Li Loan	
	Check if:	
	Check if: [L] In-Kind [L] Loan	
	Check if:	
,	Check if: [L] In-Kind [L] Loan	
	Check if: In-Kind L Loan	
	Check if: Li In-Kind Li Loan	
	SUBTOTAL CONTRIBUTIONS (Transfers-In) THIS PAGE	\$ 0
		· 3
	TOTAL CONTRIBUTIONS (Transfers-In) RECEIVED FROM COMMITTEES	2 O



RECEIPTS Other Income and Commercial Loans

Complete Con	nmittee Name		
!	militee Name デ <u>ィルをかから のた John Karol</u> for completing schedules are on the back of each sched		
Instructions 1	or completing schedules are on the back of each sched	dule.	
Date	Full Name, Mailing Address and Zip Code of Source of Income	Type of Income	Amount
***************************************			Resident 1
		L.	
		SUBTOTAL OTHER INCOME THIS PAGE	\$ 0
	·	CODICIAL CHIEN MOOME HIST AGE	· · · · · · · · · · · · · · · · · · ·
		TOTAL ITEMIZED OTHER INCOME	\$ 0
		TOTAL HEMILED OTHER INCOME	<u> </u>
		TOTAL OTHER INCOME	s 0



DISBURSEMENTS Gross Expenditures

Page ___ of ___

Complete Committee Na	ame ,		
and the committee of the		ســـــــــــــــــــــــــــــــــــــ	
1 6 O 1 1 10 C	n I least	1 1 1 1 0 0 - A	İ
1.171 F 0.11 7	TED TO	IN THITOT	

Instructions for completing schedules are on the back of each schedule. Full Name, Mailing Address and Zip Code Specific Purpose of Expenditure Amount Of Person or Business to Whom Payment is Made CHACE BANK BAIR FEES 12-16-19 00.019 JUOY MURCAN AVE MILW WI 53220 Check if: L In-Kind Offset Check if: In-Kind Offset Check if: L In-Kind Offset Check if: In-Kind Offset Check if: In-Kind Offset Check if: In-Kind Offset Check if: LI In-Kind Offset SUBTOTAL ITEMIZED EXPENDITURES THIS PAGE | \$ 00.01 TOTAL ITEMIZED EXPENDITURES 10,00 TOTAL UNITEMIZED EXPENDITURES TOTAL EXPENDITURES \$ 10.00



DISBURSEMENTS Contributions To Committees (Transfers-Out)

Page	of	
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Complete Comm	iitee Name		
FRUE	NDS OF JOHN KAROL		
	completing schedules are on the back of each schedule.		
Date	Full Name, Mailing Address and Zip Code	Amount	Y-T-D Total
	Check if: U In-Kind L Loan		
	Cleck II. [L] III-Kilid [L] Loan	***************************************	
	Check if: ☐ In-Kind ☐ Loan		
	Check if: U In-Kind U Loan		
<u> </u>	Check if: L In-Kind L Loan		· · · · · · · · · · · · · · · · · · ·
	Check if: 🗓 In-Kind 🗓 Loan		
	Check if: ☐ In-Kind ☐ Loan		
	Check II. III-NIII Colli		
	Check if: 🗓 In-Kind 🗓 Loan		
	Check if: 🗓 In-Kind 🗓 Loan		
	Check if: L In-Kind L Loan		
	CURTOTAL CONTRIBUTIONS (Transfers Out) THIS BAGE	\$ @	a
	SUBTOTAL CONTRIBUTIONS (Transfers-Out) THIS PAGE	\$ @	<u> </u>

TOTAL CONTRIBUTIONS (Transfers-Out) MADE TO COMMITTEES \$



Date

Full Name, Mailing Address and Zip Code of Creditor

Incurred Obligations Excluding Loans ADDITIONAL DISCLOSURE

Page	1	of	١
Page	_L_	of _	__

	IENDS OF JOHN KAROL				
	s for completing schedules are on the back of each	schedule	.		
		Outstanding Balance Beginning This Period	New Obligations or Additions This Period	Cumulative Payments This Period	Outstanding Balance At Close of This Period
Date	Full Name, Mailing Address and Zip Code of Creditor				
1 1		Nature of Debt (Purpose)			
Date	Full Name, Mailing Address and Zip Code of Creditor				
1 1		1			
		Nature of Debt (Purpose)			
Date	Full Name, Mailing Address and Zip Code of Creditor				
1 1					
		Nature of Debt (Purpose)			
Date	Full Name, Mailing Address and Zip Code of Creditor				
1 1		Nature of Debt (Purpose)			
		Nature of Debt (Purpose)			
Date	Full Name, Mailing Address and Zip Code of Creditor				
1 1		Notice of Dobt (Danson)			
		Nature of Debt (Purpose)			
Date	Full Name, Mailing Address and Zip Code of Creditor				
1 1		Note to the latest the			
		Nature of Debt (Purpose)			
Date	Full Name, Mailing Address and Zip Code of Creditor				
1 1		Notes of Bold (Burn)			
l .		Nature of Debt (Purpose)			

Nature of Debt (Purpose)

SUBTOTAL ITEMIZED OBLIGATIONS THIS PAGE	\$ 0	
TOTAL ITEMIZED OBLIGATIONS	\$ 0	
TOTAL UNITEMIZED OBLIGATIONS \$20 OR LESS	\$ 0	
TOTAL INCURRED OBLIGATIONS	\$ 0	



Complete Committee Name

Loans Individual, Committee or Commercial ADDITIONAL DISCLOSURE

Page _ r of _

FRIENDS OF JOHN KARD						
Instructions for completing schedules are on the back of each s	chedule.					
Full Name, Mailing Address and Zip Code of Loan Sou	Full Name, Mailing Address and Zip Code of Loan Source		New Loans This Period	Cumulative Payments This Period	Outstanding Obligations End of This Period	
121219 MEST ALLIX WI 53214		0	ov.00B	O	800.00	
List All Endorsers or Guarantors (if any)						
Full Name, Mailing Address and Zip Code of Guarantor	illing Address and Zip Code Occupation					
	Amount Guarantee	ed Outstanding				
Full Name, Mailing Address and Zip Code of Guarantor	Occupation					
	Amount Guarantee	ed Outstanding				
	Full Name, Mailing Address and Zip Code of Loan Source		New Loans This Period	Cumulative Payments This Period	Outstanding Obligations End of This Period	
Date / /						
List All Endorsers or Guarantors (if any)						
Full Name, Mailing Address and Zip Code of Guarantor	ling Address and Zip Code Occupation					
	Amount Guarantee	ed Outstanding				
Full Name, Mailing Address and Zip Code of Guarantor	Occupation					
	Amount Guaranteed Outstanding					
	\$					
	Full Name, Mailing Address and Zip Code of Loan Source		New Loans This Period	Cumulative Payments This Period	Outstanding Obligations End of This Period	
Date / /						
List All Endorsers or Guarantors (if any)			!			
Full Name, Mailing Address and Zip Code of Guarantor	ng Address and Zip Code Occupation					
	Amount Guarantee	ed Outstanding				
Full Name, Mailing Address and Zip Code of Guarantor	Occupation					
	Amount Guarante	ed Outstanding				

TOTAL OUTSTANDING LOANS \$ 800.